



**MIAMI-DADE WATER AND SEWER DEPARTMENT  
HIGH EFFICIENCY TOILET (HET) PROJECT  
MULTI-FAMILY REBATE APPLICATION FORM**



PLEASE FILL OUT COMPLETELY

**Please print clearly**

Name of Water Utility Serving this Property: \_\_\_\_\_  
Account Number: \_\_\_\_\_ ☐ Apartment / ☐ Condo  
Property/Owner Name: \_\_\_\_\_ (check will be made payable to property owner)  
Name of Owner or Authorized Representative \_\_\_\_\_ Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_  
Property Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Mailing Address (if different): \_\_\_\_\_ Zip Code: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**PROPERTY INFORMATION**

**Year building was built: \_\_\_\_\_ (Must be prior to 1996)**

Total Number of Units: \_\_\_\_\_ Number of Bathrooms per Unit: \_\_\_\_\_ one-bath \_\_\_\_\_ two-bath \_\_\_\_\_ three-bath

**\* Attach a listing of the unit numbers that have been retrofitted & the number of HETs per unit, along with the original purchase receipt**

**Maximum of up to 50 rebates per property (folio)/per fiscal year (October 1- September 30)**

**Only qualifying models - NO substitutions will be accepted)**

**New Toilet Make: \_\_\_\_\_ Purchase Price (excluding tax and installation: \_\_\_\_\_**

**Model Name & Number: \_\_\_\_\_ Installation Costs are not reimbursable**

**PLEASE NOTE THAT INCOMPLETE APPLICATIONS AND THOSE WITHOUT THE ORIGINAL DATED SALES RECEIPT WILL BE RETURNED TO THE APPLICANT**

**REBATE AGREEMENT – RELEASE OF LIABILITY**

The rebate check will be made payable to the property owner/applicant. MDWASD may deny any application that does not meet all of the program requirements, which can be obtained by reading the *Project Terms and Conditions for Participation* on the back of this form. **MDWASD reserves the right to alter this program at any time.** Rebates shall be made on a first come first served basis, so long as program funding exists. MDWASD reserves the right to modify program funding at its discretion, and no person making any application for a rebate shall be guaranteed or entitled to receive a rebate.

The undersigned agrees to allow MDWASD to inspect all toilet installations as a condition to obtaining a rebate under this project. , the MDWASD does not endorse or recommend any high efficiency toilet. MDWASD is not responsible for the quality of the toilet purchased and does not warrant or guarantee any toilet, or any fixture comprising a component in any toilet, or the installation of any toilet. MDWASD does not represent that any particular toilet is suitable for installation at a given location, and disclaims all warranties of suitability or fitness for any purpose. The MDWASD does not warrant or guarantee lower water bills as a result of participating in the Program. The MDWASD is not responsible for any damage that may occur to applicant's property as a result of removing the old toilet or installing the new toilet under this project. The undersigned acknowledges that installation of a toilet may require a building permit and the retention of a licensed contractor. Nothing herein shall prevent or stop Miami-Dade County from enforcing the terms of any portion of the Code of Miami-Dade County, the Florida Building Code and any permit issued thereto, or any other rule, state, ordinance, or requirement, and no rebate shall be provided for work performed in contravention of any of the preceding. The undersigned is solely responsible for permitting and retention of a licensed contractor to perform the installation work.

The undersigned agrees to hold harmless MDWASD its directors, officers, and employees from and against all loss, damage, expense and liability resulting from or otherwise relating to the purchase, installation, use, or removal of a toilet. By signing this form I agree that I have read, understand, and agree to the terms and conditions of this rebate program, including the Program Terms and Conditions for Participation section on the back of this applications (see reverse side).

***I have read and understand the Toilet Replacement Program requirements as stated in the Program Guidelines. I understand that I must dispose of any replaced toilets so that they cannot be reused.***

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Project Terms and Conditions for Participants**

1. All participants are subject to a toilet inspection prior to receiving a rebate.
2. Dwelling must have been built prior to 1996.
3. Rebates shall be granted on a first come first serve basis **until program funds are expended.** Program is subject to available funds and MDWASD reserves the right to alter the program funding or program requirements at anytime without notice. MDWASD does not guarantee that program funding shall be sufficient such that all persons replacing toilets shall receive a rebate.
4. MDWASD reserves the right to deny any applicant for participation that does not meet the program requirements herein.
5. **Only High-Efficiency Toilets included in Environmental Protection Agency (EPA) WaterSense certified list qualify for a rebate. No substitutions will be allowed under this project.**
6. Qualifying toilet(s) must be installed, in a manner which complies with all applicable laws, ordinances, and building codes, before submitting rebate application.
7. Rebate Application must be postmarked within 60 days of toilet purchase date.
8. Approved toilet(s) must be installed within the Miami-Dade County geographical area.
9. **Original dated sales receipt for new toilet must be submitted with the applications. No copies can be accepted. Applications will be returned if the ORIGINAL receipt is not submitted.**
10. Incomplete applications and those without the original dated sales receipt will be returned.
11. Applicant's Water Bill Account Number must be provided on the application with name of utility serving the premise. (i.e. Miami-Dade Water and Sewer, Miami Beach Water and Sewer, Hialeah, etc.)
12. Rebate amount applies to purchase of approved toilet only.
13. New construction is not covered by this rebate.
14. MDWASD is not responsible for rebates lost or delayed in the mail. Rebates shall be deemed to be received by the applicant upon mailing by MDWASD.

**FOR MDWASD – OFFICE OF WATER USE EFFICIENCY USE ONLY**

Application Received:

Application Approved:

Mail Application To: Miami-Dade Water and Sewer Department

Water Use Efficiency Program  
3071 SW 38 Avenue  
Miami, FL 33146

Phone Number: (786) 552-8974 email: [waterconservation@miamidade.gov](mailto:waterconservation@miamidade.gov)